Nature Doctors
Naturopathic Family Medicine Inc.
7-1200 Waverley St.
Winnipeg, Manitoba R3T 0P4
(204) 943 -6079

Pediatric Informed Consent

Naturopathic medicine is the treatment and prevention of diseases and disorders by natural means. Naturopathic doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Using a variety of treatment modalities, gentle, non-invasive techniques stimulate the body's inherent healing capacity.

Diet and Nutrition

Individual diets and nutritional supplements are recommended to address deficiencies, treat disease processes and promote health. The benefits include increased energy, increased gastrointestinal function, improved immunity and general well being.

Botanical Medicine

Botanical Medicine is a plant-based medicine using herbal teas, tinctures, capsules and other forms of herbal preparations to assist in the recovery from injury and disease. These compounds are also used to boost the body's immune system and prevent disease.

Homeopathic Medicine

Homeopathic Medicine seeks to stimulate the body's defense mechanisms and processes so as to prevent and treat illnesses. It is a curative system of medicine that works to restore the body's state of health, vigor and balance by using and enhancing the body's own healing, defensive and recuperative powers.

As Naturopathic Medicine is a holistic approach to health, lifestyle is considered relevant to most health problems. Your naturopathic doctor will help you identify risk factors and make recommendations to help you optimize your physical, mental and emotional environment. Your naturopathic doctor will take a thorough case history and do a complaint-oriented physical examination.

Declaration and Consent to Treatment

Even the gentlest therapies have their complications. Certain conditions propose higher risk, such as: pregnancy, lactation, those on multiple medications or who have certain diseases such as diabetes, heart, liver or kidney disease, or are very young. To ensure your safety, it is very important that you inform your naturopath immediately of:

- any disease process that you are suffering from
- if you are on any medication or over the counter drugs
- If you are pregnant, suspect you are pregnant, actively attempting to become pregnant or if you are breast-feeding

There are some potential health risks to treatment by Naturopathic Medicine. Although rare, these include but are not limited to:

- Aggravation of pre-existing symptoms
- Allergic reactions to supplements or herbs
- Pain, bruising or injury from Venipuncture, Acupuncture or Cupping
- Fainting or puncturing of an organ with Acupuncture needles

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself or when law requires it. I understand that I may look at my medical record at anytime and can request a copy or have a report drawn up by paying the appropriate fee. I understand that information from my medical record may be analyzed for research purposes and that my identity will be protected and kept confidential.

Nature Doctors
Naturopathic Family Medicine Inc.
7-1200 Waverley St.
Winnipeg, Manitoba R3T 0P4
(204) 943 -6079

I understand that my Naturopathic Doctor will answer any questions that I have to the best of their ability. I understand that results are not guaranteed. I do not expect the Naturopathic Doctor to be able to anticipate and explain all risks and complications. I will rely on the naturopathic doctor to exercise their judgment during the course of procedures which they feel are in my best interest, based on the known. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for: (please list exceptions below):

_____

_____

I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

THIS IS TO ACKNOWLEDGE that I have been informed and I understand that:

I. Any treatment or advice provided to me as a patient, is not mutually exclusive from any treatment or advice that I may now be receiving, or may in the future receive from another licensed health care provider;

II. I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice in Manitoba;

III. No employee, student or anyone else under the Clinic's direction or control is suggesting or advising me to refrain from seeking or following the directions of another licensed health care provider;

IV. The treatment and therapies rendered or recommended by this Clinic may be different from those offered by a medical doctor or other licensed health care provider.

I DECLARE that I have received a full and complete explanation of the treatment or services that I may receive at Nature Doctors Naturopathic Family Medical Centre Inc. and hereby authorize and consent to treatment.

I AGREE to pay my full account at the time of each visit or treatment, including fees for services, cost of supplements and remedies, cost of laboratory tests, administrative fees as well as other applicable fees. I understand that I must give **2 full business days to change or cancel an appointment**. If I do not follow this cancellation policy, or simply do not show up for my appointment, I agree to pay the full cost of the appointment.

Patient's Full Name: _____
First Middle Last

Date of Consent: _____
Day Month Year

Naturopathic Doctor: _____

X _____ Signature of legal guardian

Nature Doctors
Naturopathic Family Medicine Inc.
7-1200 Waverley St.
Winnipeg, Manitoba R3T 0P4
(204) 943 -6079

PEDIATRIC INTAKE FORM

Name and relation of individual who is filling out this form: _____
Child's Name: _____Age: _____ Date of Birth: _____
Child's Height: _____ Weight: _____
Sex: _____ Grade Level: _____
Referred by: _____
How did you hear about us? Friends ❒ Family ❒ Presentation ❒ Website ❒ Newspaper ❒ Other: _____

Contacts (in order of preference)

Name and relation to child: _____
Phone: (home) _____ (work) _____
Phone: (cell or other) _____
Address:_____

Name and relation to child: _____
Phone: (home) _____ (work) _____
Phone: (cell or other) _____
Address:_____

Whom does the child live with?_____

Child's Other Health Care Providers (Medical Doctor, Chiropractor, etc)

Provider's name: _____
Designation: _____

Provider's name: _____
Designation: _____

Health Concerns

Please list the child's health concerns in order of importance.

1. Primary health concern:_____
_____At what age did this condition/illness begin: _____
What do you think might have caused this condition?
_____
_____

What other (possibly unrelated) events occurred around the time the condition began? _____
_____
_____

Nature Doctors
Naturopathic Family Medicine Inc.
7-1200 Waverley St.
Winnipeg, Manitoba R3T 0P4
(204) 943 -6079

What, if any, medications or supplements have been used to treat this condition and what was their effectiveness? _____
_____

Other health concerns:
_____
_____
_____

Prenatal Health and History

What was the health of the parents at the time of conception?
Mother: ❒Poor ❒Fair ❒Good ❒Excellent ❒Unknown
Father: ❒Poor ❒Fair ❒Good ❒Excellent ❒Unknown

What was the health of the mother during pregnancy?
❒Poor ❒Fair ❒Good ❒Excellent ❒Unknown

What was the emotional state of the mother during pregnancy?
❒Poor ❒Fair ❒Good ❒Excellent ❒Unknown

How was the mother's diet during pregnancy?
❒Poor ❒Fair ❒Good ❒Excellent ❒Unknown

Did the mother receive medical care during pregnancy? ❒Yes ❒No ❒Unknown
What was the mother's age at the time of the child's birth?_____
How many previous pregnancies and births did the mother have? _____
What was the mother's occupation during pregnancy? _____

Did the mother experience any of the following during pregnancy?
❒ Bleeding ❒ High blood pressure ❒ Nausea ❒ Vomiting
❒ Diabetes ❒ Thyroid problems ❒ Physical or emotional trauma
❒ Other: _____

Did the mother use any of the following during pregnancy?

❒ Tobacco ❒ Alcohol ❒ Recreational drugs: _____
❒ Prescription medications:_____
❒ Over-the-counter medications: _____
❒ Vitamins and/or supplements: _____
❒ Other: _____
Were any of the following interventions used during pregnancy?

❒ Ultrasound ❒Amniocentesis ❒ Chorionic Villi Sampling ❒ Triple Screen
❒ Maternal Serum Screening ❒ Other:_____

Nature Doctors
Naturopathic Family Medicine Inc.
7-1200 Waverley St.
Winnipeg, Manitoba R3T 0P4
(204) 943 -6079

Birth History

Term length: ❒ Pre-term (37 weeks or less): _____ weeks
❒ Full-term (38-42 weeks): _____ weeks
❒ Post-term (more than 42 weeks): _____ weeks

Location of birth: ❒ Hospital ❒ Home ❒ Birthing Center ❒ Other: _____

Type of birth: ❒ Vaginal ❒ C-section

Types of Intervention:
❒ Induced labour ❒ Use of forceps ❒ Epidural/Anesthesia ❒ Episiotomy
❒ Other: _____

Were there any complications during delivery (e.g., breech delivery)?_____
_____

Length of labour : _____ Weight of infant at birth: _____

Did the child experience any of the following at or shortly after birth?
❒ Jaundice ❒ Rashes ❒ Seizures ❒ Birth injuries: _____
❒ Infections:_____
❒ Difficulties with feeding: _____
❒ Birth defects:_____
❒ Other: _____

Dietary History

How was the infant fed?
❒Breast fed ❒ Formula (milk/soy/other): _____
❒Other: How long was the infant fed this way? _____
Any reactions? _____

What foods were introduced in the first year? (Please list the approximate month that each food was introduced, as well as any reactions that may have occurred).
_____
_____
_____

Did the child ever experience Colic? ❒No ❒Mild ❒Moderate ❒Severe

Food allergies or intolerances: _____
_____

Does the child have any dietary restrictions (vegetarian/vegan, religious, etc.)?
_____
_____

Nature Doctors
Naturopathic Family Medicine Inc.
7-1200 Waverley St.
Winnipeg, Manitoba R3T 0P4
(204) 943 -6079

Please describe the child's eating habits (e.g., good appetite, picky eater, etc.):
_____
_____

Medical History

Has the child ever experienced any of the following illnesses?

❒ Rubella ❒ Mumps
❒ Measles ❒ Chickenpox
❒ Whooping Cough ❒ Asthma
❒ Scarlet Fever ❒ Polio
❒ Rheumatic Fever ❒ Other: _____

Has the child ever experienced any of the following conditions?

❒ Diaper Rash ❒ Cradle Cap ❒ Diarrhea ❒ Constipation ❒ High fever
❒ Heat or cold intolerance ❒Trouble with bedwetting ❒ Frequent colds
❒ Ear infections
If they have had ear infections, how many and how often? _____

Has the child received any of the following vaccinations?

❒ DPT ❒ MMR ❒ HIB ❒ Polio ❒ TB ❒ Flu
❒ Smallpox ❒ Pneumovaccine ❒ Chickenpox
❒ Other: _____

Any adverse reactions to, or chronic illness, following vaccination? _____
_____
_____

Has the child ever been hospitalized? ❒Yes ❒No
If yes, for what reason & for how long? _____
_____
_____

Has the child ever had any significant physical or emotional traumas? _____
_____
_____

Medications and/ or supplements the child is currently taking: _____
_____
_____

Does the child have any known drug allergies? ❒Yes ❒No
If yes, please lists: _____
_____

Nature Doctors
Naturopathic Family Medicine Inc.
7-1200 Waverley St.
Winnipeg, Manitoba R3T 0P4
(204) 943 -6079

Health and Development

How was the child's health in the first year?
❒Poor ❒Fair ❒Good ❒Excellent ❒Unknown

How is the child's health now? ❒Poor ❒Fair ❒Good ❒Excellent ❒Unknown

At what age did the child first:
Sit up _____ Crawl _____ Walk _____ Talk _____
At what age did the child begin teething? _____
Were there any difficulties associated with teething?_____

Sleep Patterns

What time does the child usually go to bed and wake in the morning?_____
_____

Does the child nap during the day? ❒Yes ❒No
If yes, what time(s) do they nap & for how long? _____

Does the child have nightmares? ❒Yes ❒No
If yes, how often do they have nightmares? _____

Does the child have any problems associated with sleeping? ❒yes ❒no
If yes, what kind of trouble do they have (e.g., trouble falling asleep, trouble waking up, etc.)? _
_____

Social Patterns

Is the child in: ❒school ❒daycare ❒home care ❒other: _____

How would you describe the child's temperament/personality?
_____

How would you describe the child's behavior at school? _____
_____

How would you describe the child's behavior at home?_____
_____

What are the child's interests and favorite activities?_____
_____

Is there anything that you would want to see change?_____

Does the child exercise regularly? ❒Yes ❒No
How much and how often do they exercise?_____

Nature Doctors
Naturopathic Family Medicine Inc.
7-1200 Waverley St.
Winnipeg, Manitoba R3T 0P4
(204) 943 -6079

How much television does the child watch? _____ hrs a day/week.

Family History

Please indicate if a close relative (parent, grandparent, sibling) has had any of the following:

Condition	Relative	Condition	Relative
❒ Allergies		❒ Seizures	
❒ Anemia		❒ Stroke	
❒ Arthritis		❒ Diabetes	
❒ Asthma		❒ Eczema	
❒ Birth Defects		❒ Glaucoma	
❒ Bleeding Disorder		❒ Kidney Disease	
❒ Cancer		❒ Psoriasis	
❒ Hay Fever		❒ Depression	
❒ High Blood Pressure		❒ Tuberculosis	
❒ Juvenile Arthritis		❒ Mental Illness	

❒ I don't know the family medical history

Next to each individual listed below, please put an "L" for living or "D" for deceased, as well as present age or age at the time of death. Please indicate if the family member suffered from any diseases such as cancer, high blood pressure, heart attack, stroke, diabetes, skin disorders, depression, asthma, allergies or arthritis.

Relationship	L/D	Age	Diseases Suffered/ Cause of Death
Mother			
Father			
Maternal Grandfather			
Maternal Grandmother			
Paternal Grandfather			
Paternal Grandmother			
Sister(s)			
Brother(s)			
Maternal Aunts			
Maternal Uncles			
Paternal Aunts			
Paternal Uncles			

Do either of the parents of the child have a chronic illness? ❒Yes ❒No
If yes, please describe: _____
_____

Environment

Are there any pets in the home? ❒ Yes ❒No
If yes, what type and how many?_____
_____

Nature Doctors
Naturopathic Family Medicine Inc.
7-1200 Waverley St.
Winnipeg, Manitoba R3T 0P4
(204) 943 -6079

Does anyone in the child's household smoke? ❒Yes ❒No

How the child's home is heated? _____

How would you describe the emotional climate of the child's home? _____
_____

Does the child have any known environmental or chemical sensitivities (e.g., perfumes, detergents, odors, soaps, etc.)?_____
_____

Is there anything that you feel is important that has not been covered? _____
_____
_____
_____

Diet Diary:

On the following page, you will find a Diet Diary. Please list, in the spaces provided, every food item that the child puts into their mouth (excluding gum, but inclusive of EVERY OTHER food item) for a 7 day period. Please take note of any physical symptom or sensitivities that they may experience during this exercise and note them in the 'notes' section provided.

Nature Doctors
Naturopathic Family Medicine Inc.
7-1200 Waverley St.
Winnipeg, Manitoba R3T 0P4
(204) 943 -6079

Diet Diary

	Breakfast	Lunch	Dinner	Snacks	Notes
	-				